

Iowa Health

## focus

July 2004

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# JEL commemorates those killed by tobacco

By Keven Arrowsmith, Division of Tobacco Use Prevention and Control

Approximately 40 members of Just Eliminate Lies (JEL), Iowa's youth-led tobacco-control group, and staff from the Iowa Department of Public Health's Division of Tobacco Use Prevention and Control created a memorial at Nollen Plaza on Friday, June 4, to commemorate the lives of those who have died from tobacco use.

"We are commemorating the lives of 1,200 innocent Americans who die every day at the hands of the tobacco industry," said Thomas Oldham, JEL president. "Everyone knows someone who has been affected by tobacco use."

JEL placed 1,200 pairs of shoes around Nollen



Plaza, in downtown Des Moines, to represent the lives that are lost each day to tobacco use. JEL stu-

dents then discussed tobacco use with downtown workers. Those affected by tobacco use were given a

red JEL pin to wear to recognize the suffering caused by the tobacco industry.

"This event not only honored those who have died from tobacco use, but also those who want to quit," said Oldham. "We also educated smokers on the available resources, such as Quitline Iowa (1-866-U CAN TRY), the state's toll-free smoking cessation hotline."

JEL is funded with a portion of Iowa's tobacco settlement fund and is administered by the Iowa Department of Public Health, Division of Tobacco Use Prevention and Control, as one component of the state's initiative to reduce tobacco use. For information on JEL, visit <http://www.jeliowa.org/>.

## Iowa the perfect place for cycling

By Tim Lane and David Webv, Division of Health Promotion and Chronic Disease

Summer means getting out and enjoying the weather, and increasing your physical activity. Bicycling is a great way to do so.

Iowa is the perfect place to go cycling, with the rolling hills, beautiful scenery and extensive trail systems. In a recent guest editorial in the Des Moines

Register, Al Brody wrote: "Iowa already has what smart-growth citizens are trying to recapture. Iowa is unique in that it is a relatively evenly spaced patchwork of small towns from border to border - north to south, east to west."

By the way, Al lives in Colorado.

Iowa also has many

trails, biking clubs and of course, the *Register's Annual Great Bike Ride Across Iowa* (RAGBRAI). Bicycling is one of the best ways to improve cardiovascular health, build muscle and maintain or lose weight.

To celebrate the joys of activity, the Iowa Depart-

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### We want to know what you think

Please take a few moments to complete a three minute, 13-question survey about the Iowa Health FOCUS at <http://www.idph.state.ia.us/do/focus.asp>.

# Bicycles

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ment of Public Health will hold a drawing at the Iowa State Fair for a new bike and helmet. To be eligible, fair visitors will need to participate in a scavenger hunt that will encourage walking and cycling. Bike World, RAGBRAI, and the State Employees Health and Recreation Committee will contribute the bike and helmet.

Over the years, fewer and fewer youth have taken up cycling. But some Iowans are working to reverse that trend, including those involved in the *Dream Team*.

The *Dream Team* consists of disadvantaged youth between the ages of 13 and 18. The program was established in 1996 by a group of riders from RAGBRAI, Bike World and the Riverfront YMCA. Its mission is: "To assist youth in developing a healthy spirit, mind and body, and a productive approach to life's challenges through preparation for and participation in RAGBRAI." Teens train with their mentors twice per week for several months to develop the skills and endurance needed for RAGBRAI. After completing RAGBRAI, the youth are given the bicycles they have trained

with and the equipment to continue biking and living a healthy lifestyle.



But bicyclists must remember the importance of safety. Each year in the United States, more than half a million people are injured while bicycling, and there are nearly 1,000 deaths. More than half of those deaths are of children.

Carol Mahlendorf, a fourth grade teacher at Crossroads Park Elementary in West Des Moines, has taught a unit on bicycle safety for 27 years. She has been a great mentor to kids encouraging them to ride safely. Topics in her bicycle-safety unit range from the benefits of wearing a helmet, to traffic laws and common courtesy and etiquette. Towards the end of every school year, the entire grade takes a ride not just around the neighborhood, but to another town and back to teach the kids that bikes are not just toys, but vehicles.

Carol says the best thing parents can do to encourage their children to ride is to lead by example. "Parents shouldn't say to their kids, 'Go out and ride your bike,' but rather say, 'Let's go ride our bike together.' Children mimic what they see their

parents doing, so if the parents don't ride safely, the kids probably won't either."

Wearing a helmet while cycling is the single most effective method to prevent injury. For many years, head injury has been recognized as the most important cause of bicycle-related mortality and permanent disability. Sixty-seven percent of hospitalizations from bicycle-related injuries are the result of head injuries. Bicycle helmets have been proven to reduce the risk of head injury by up to 85 percent and reduce the risk of brain damage by nearly 90 percent.

## Bicycle Helmet Checklist:

Buy a helmet that meets the safety standards of the American National Standards Institute (ANSI) or the Snell Memorial Foundation.

Always do the following to ensure a proper fit:

1. Tighten the chin strap to keep the helmet from slipping forward or backward.
2. Only two fingers should fit under the chin strap.
3. Place the helmet directly over the forehead.

Wearing a helmet correctly is vitally important to the effectiveness of the helmet to prevent injuries.

## Obtaining Past Issues

Back issues of *Iowa Health FOCUS* are available on the Iowa Department of Public Health web site at [www.idph.state.ia.us](http://www.idph.state.ia.us). The link is under Quick Links on the right side of our home page under Publications & Data.

# West Nile virus returns to eight Iowa counties

By Kevin Teale, Communications Director

**B**irds in eight Iowa counties have tested positive for West Nile virus (WNV), marking a return to Iowa of the virus which killed six Iowans last year and sickened at least 141 others. The confirmatory testing was performed by the University of Iowa Hygienic Laboratory.

Those counties are: Cerro Gordo, Johnson, Linn, Marshall, Palo Alto, Pocahontas, Scott, and Webster.

No humans or horses in Iowa have been confirmed with the virus this year. Last year, West Nile was found in nearly every county in Iowa, either in humans, horses, or birds.

"There have been no human cases of West Nile yet in Iowa this year," said Dr. Mary Mincer Hansen, director of the Iowa Department of Public Health. "However, people should be taking appropriate precautions to protect themselves from mosquito bites not only for West Nile, but because of other mosquito-borne illnesses we see in the state each year."

The following measures will reduce the risk of exposure to West Nile:

- Limit outdoor activities at dusk and dawn when mosquitoes are most active.
- When outside, cover up by wearing long-sleeved shirts, pants, shoes and socks.
- Use mosquito repellent containing DEET on exposed skin.
- Eliminate mosquito breeding sites, such as standing water in tires, plastic containers, or similar water-holding containers. Change water in bird baths at least weekly.

West Nile is transmitted through the bite of a mosquito that has picked up the virus while feeding on an infected bird.

The illness is not spread person-to-person.

Mosquito surveillance programs were put in place many years ago by state and local public health officials, and expanded when West Nile appeared in the United States in 1999. Those programs involve the trapping and testing of mosquitoes, testing chicken flocks placed around the state, and testing dead birds sent in from around the state.

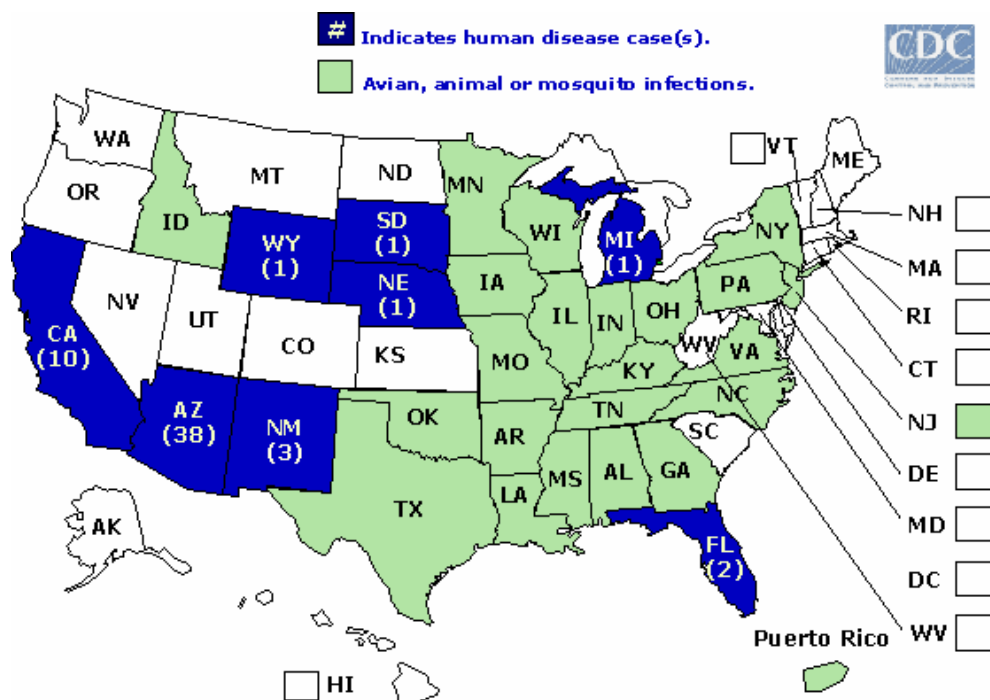
IDPH continues to offer a toll-free hotline for Iowans to receive information about West Nile. That number is 866-WNV-Iowa (1-866-968-4692).

Most humans infected by the West Nile virus have no symptoms, while a few may have symptoms such as a fever and headache. Less than one percent become

seriously ill. Symptoms typically occur within three to 15 days after the bite of the infected mosquito. Those seriously infected, particularly the elderly, may display symptoms such as muscle weakness, stiff neck, disorientation, and convulsions. It very rarely results in death.

"While some municipal governments in Iowa do have mosquito programs, they cannot eliminate all mosquitoes in a given area. The best protection is personal protection," said Dr. Patricia Quinlisk, Iowa state epidemiologist. "These steps will help protect you against West Nile and other mosquito-borne diseases. They can also reduce your exposure to other insects such as ticks, which may carry Lyme disease."

## 2004 West Nile Virus Activity in the United States (reported to CDC as of June 29, 2004\*)



\*WNV maps are updated regularly to reflect surveillance reports released by state and local health departments to the CDC ArboNet system for public distribution. The map shows the distribution of avian, animal, or mosquito infection occurring during 2004 with number of human cases if any, by state. If West Nile virus infection is reported to CDC ArboNet in any area of a state, that entire state is shaded accordingly.



# Quinlisk receives organization's highest honor

By Russ Currier, Center for Acute Disease Epidemiology

**D**r. Patricia Quinlisk, Iowa State epidemiologist, was awarded the John Snow "Pump Handle" Award for her outstanding service to the Council of State and Territorial Epidemiologists generally, and the promotion and use of epidemiology as the basic science of public health, specifically. The award, the organization's highest honor, was presented at the evening banquet of the council's conference in Boise, Idaho on June 8.

John Snow, a British anesthesiologist, is considered the father of modern acute disease epidemiology for his successful efforts to study cholera in London and determine, before the advent of microbiology, that it was waterborne.

"The story of the Broad Street epidemic of cholera is one of the romantic tales of epidemiology," says a summary of the investigation from the Sourcebook of Medical History. "Snow noted that in an epidemic that occurred in 1824 in St. James parish the victims were those who depended on the Broad Street pump for drinking water. He showed that sewage from the houses where cholera cases dwelt seeped into the well, and he suggested that the vestrymen of the parish take the pump [handle] off the Broad Street well in order to stop the epidemic."

The epidemic ceased and his legend endures. The epidemiolo-

gists' council has named its annual award for Snow. It is a cast-iron water pump handle with an inscription.

Dr. Quinlisk was selected by her peers for a career of outstanding service in the field of epidemiology, public health policy, and public health leadership at both state and national levels. During the announcement of the award, conferred by council president Dr. Matthew Carter, Connecticut assistant state epidemi-

ologist, an image of the CDC web site that profiled Dr. Quinlisk for occupational orientation of young people was projected on a screen for the banquet attendees. (The author of this web-site story is Tom Carney, Des Moines Register reporter at the

time, and now IDPH executive. It can be seen at [www.cdc.gov/excite/careers/iowa.htm](http://www.cdc.gov/excite/careers/iowa.htm).)

Dr. Quinlisk was elated with this unexpected honor and with evident emotion, acknowledged her appreciation to the organization's selection committee.

Dr. Quinlisk has been the Iowa state epidemiologist since 1994. She previously worked as an epidemiologist in Oklahoma, in the CDC EIS (Epidemic Intelligence Service) program, and in the Peace Corps in Nepal. A native of La Crosse, Wisconsin, Dr. Quinlisk received

her medical degree from the University of Wisconsin after earlier graduate studies at Johns Hopkins University, where she received a master's degree in public health.



Dr. Quinlisk was awarded the John Snow "Pump Handle" Award for her outstanding service to the Council of State and Territorial Epidemiologists and the promotion and use of epidemiology as the basic science of public health.

## IDPH at the fair

**T**he Iowa Department of Public Health is hosting a booth at the Iowa State Fair, August 12-22. It will be located at the south side of the Varied Industries Building in the 600 aisle. The display highlights the IDPH mission statement, "promoting and protecting the health of Iowans."

IDPH programs will be highlighted daily and IDPH volunteers will staff the booth for the run of the fair from 9 a.m. to 9 p.m. The booth will have a scavenger hunt with a donated bicycle and helmet, pedometers and t-shirts as prizes.

In addition to the scavenger hunt, there will be lots of giveaway items and brochures. Some of the giveaways include sun-block samples, magnets, CD's, pens, pencils, and juice cups. Immunization schedules and English and Spanish brochures on various health topics will also be available.

# Building health infrastructure in rural Iowa

By Tammy O'Hollearn, Rural Health Coordinator

The Office of Rural Health Policy has several rural health grants available. The grants focus on expanding access to, coordinating, restraining cost of, and improving the quality of essential health in rural communities. They include:

**Rural Health Network Development Planning Grant**—It provides one year of funding to rural communities that seek to develop a formal integrated health-care network with the purpose of improving the coordination of health services in rural communities. The applicant must bring together at least three separately owned health-care providers that do not have a significant history of collaboration and identify one or more problems or issues that the network will address.

Grant funds are typically used to acquire staff, contract with technical experts, and purchase resources to build the network. The application is due September 8.

**Rural Health Network Development Grant**—It supports rural providers for up to three years who work together in formal networks, alliances, coalitions, or partnerships to integrate administrative, clinical, financial, and technological functions across their organizations. Applicants must be located in a designated rural county or rural zip code of an urban county.

**Rural Health Outreach Grant**—Emphasis for this grant is on service delivery through creative strategies requiring the grantee to form a network with at least two additional partners. Funded programs have varied

greatly, and have resulted in care that would not otherwise have been available to rural citizens.

Through consortia of schools, churches, emergency service providers, local universities, private practitioners, and others, rural communities have managed to create hospice care, bring health check-ups to children and provide prenatal care to women in remote areas. The application is due September 13. A technical assistance call is scheduled for July 29 at 2:00 p.m. Eastern time. The legislation for this program requires that applications be prepared in consultation with the State Office of Rural Health (SORH). The guidance also asks that the SORH provide a letter of support for the appli-

cation, the development and implementation of an effective screening tool, as well as increasing the availability of mental health and substance-abuse options and transportation.

Spencer Northwest Iowa Mental Health Center's Integrated Service Pathways (ISP) also obtained a Rural Health Outreach Grant in 2004. ISP is a consortium of local and regional agencies working together to divert people with co-occurring mental health and substance abuse from the traditional criminal justice system. The agency plans to do this with training and education, substance-abuse and mental health assessment and treatment to detainees, and non traditional case man-

agement to help offenders transition back into the community's support system. The Balanced Health Project of



cation and note how much, if any, time was spent assisting with the planning or development process.

This is a change from years past. However, the State Office of Rural Health has been providing technical assistance to rural communities for a number of years.

**Iowa Grant Recipients**—Several Iowa applicants have been successful in obtaining some of these grants. Crisis Intervention Services in Oska-loosa secured a Rural Health Outreach Grant in 2004. Its outreach project was an initiative designed to address the unmet health-care needs of survivors of domestic abuse and sexual assault in Mahaska and Keokuk counties. The partners for this project will address

Sioux Rapids obtained a Rural Health Development Grant for fiscal year 2004. The grant focuses on expanding and formalizing current efforts to increase health-care access for the youngest residents in rural northeast Iowa. As in many rural counties throughout the United States, children and youth in the three-county area have limited access to sufficient health-care services.

For more information, please visit <http://ruralhealth.hrsa.gov/funding/> or contact Kathy Williams, State Office of Rural Health Coordinator at (515) 281-7224 or [kwil-liam@idph.state.ia.us](mailto:kwil-liam@idph.state.ia.us).

# EMS trauma conference gains perspective

By Kris Baerenwald, Bureau of EMS

**T**he Iowa Department of Public Health, Bureau of EMS, held a trauma conference June 10 with the patient perspective. The conference focus was survivors of trauma, their family members, and their health-care providers. Dr. Phil Caropresso, American College of Surgeons, Committee on Trauma chair, opened the conference with a presentation of the national trauma perspective.

The Air Care II flight team, Deb Bagenstos and Steve Fuller, shared a story of witnessing a plane crash at an airport fly-in breakfast. Air Care II is the University of Iowa's helicopter (air ambulance), stationed at Covenant Medical Center in Waterloo. The flight team is the nurse and paramedic that staff the helicopter.

Deb and Steve talked about the plane crash, how they cared for the plane's pilot, Ken Stubbe, and showed a videotaped interview with Ken. He had sustained serious

burns, a closed head injury, and multiple fractures. His probability of survival was five percent. On the video, Ken and his wife Sally shared their memories of that day and the long road to recovery.

The conference heard from Spencer Harrington, 14 years old, and his mother Linda. Spencer was riding his dirt bike in October and was hit by a car. He sustained multiple serious injuries. Spencer and Linda talked about that fall evening and the lengthy stay in the hospital that followed.

Dr. Tim Blair from Keosauqua kept the audience laughing with his story of surviving a head-on car crash. Dr. Blair was on-call for his small town emergency department when he was seriously injured. He used humor to talk about his injuries and his rehabilitation. His wife Kim also joined in with a spouse perspective.

Hal Lipton, American Trauma Society, spoke about the Second Trauma Program. This program is designed to assist survivors of traumatic injury, their families, and health-care professionals who care for them.

The day finished with a discussion with Jeri Babb, Trauma Program Manager from Mercy Medical Center Des Moines, and Trauma System Advisory Council chair. Jeri shared data collected from Iowa's trauma registry.

This conference was a huge success due to the patients, family, and health-care workers that contributed their stories. The conference provided a great look at the patient perspective and was a reminder of what is going well for Iowa EMS and things that could be improved. Patients and family members need to be heard so EMS providers continue to learn, and give the best care possible.



At right: Hal Lipton, American Trauma Society, speaks on the Second Trauma program. Below: Kim and Tim Blair are interviewed by Kris Baerenwald. At left: Spencer Harrington, trauma survivor and his mother, Linda, make their way to the stage.





# Immunization schedule released for fall

By Terri Thornton, Bureau of Disease Prevention and Immunization

**W**hy should children be immunized? The real question is why would we deny children society's greatest health achievement?

Even though vaccinations are often taken for granted, they are extremely important for keeping children healthy. Before vaccines, one-third of all deaths in the United States were caused by infectious diseases. Children under five years old made up 40 percent of those deaths.

The rates of vaccine-preventable diseases once prevalent in the United States have dropped 95-99 percent since the introduction of vaccines.

Vaccines have become a victim of their own success, however. The lack of the visible dangers of these diseases has led to a perceived lack of risk. Vaccine-preventable diseases can be a plane or boat ride away as illustrated by the recent measles outbreak in Iowa.



The Centers for Disease Control and Prevention estimate that a world without routine childhood immunizations would result in 33,494 deaths and 10.5 million cases of diphtheria, tetanus, pertussis, polio, measles, mumps, rubella, congenital rubella syndrome, H. influenzae type B and hepatitis B each year.

A revised childhood and adolescent immunization schedule for the second half of 2004 (July-December) has been published, updating recommendations for influenza vaccine. This schedule is approved by the Advisory Committee on Immunization Practices (ACIP), American Academy of Pediatrics (AAP), and the American Academy of Family Physicians (AAFP). It indicates the recommended ages for routine administration of currently licensed vaccines for children through age 18 years.

The childhood and adolescent immunization schedule for July-

December 2004 differs from the previous schedule in the following ways:

- The bar for influenza vaccine for children 6-23 months old has been moved above the dotted red line, indicating that annual vaccination is routinely recommended for these children, rather than merely encouraged, as in past schedules.
- The influenza vaccine footnote has been updated to include the recommendation that healthy children 6-23 months old and close contacts of healthy children 0-23 months old receive influenza vaccine. Children in this age group are at substantially increased risk for influenza related hospitalizations.

The influenza vaccine footnote has also been updated to highlight the recommendation that health-care workers and other persons (including household members) in close contact with persons in groups at high risk be vaccinated annually.

To view the 2004 Childhood & Adolescent Immunization Schedule visit

<http://www.cdc.gov/nip/recs/child-schedule.htm#Printable>.

## Iowans need to stay cool to avoid excessive heat

By Kevin Teale, Communications Director

While the West Nile virus, unintentional injury, and foodborne illness may get the most attention as summer public health threats, excessive heat can also be a killer. And like the other threats, some simple precautions can protect people from serious health problems.

The easiest step is to find air conditioning during the hottest hours of the day. Sometimes, outdoor work in the sun can't be avoided. In those cases, people's condition should be monitored. Older Iowans, or people with a chronic health condition, should be checked daily, especially if

you know they lack air conditioning.

"Extremely hot weather overloads the body's temperature-control systems," said Dr. Patricia Quinlisk, Iowa state epidemiologist. "Activities must be balanced with measures that assist the body's cooling mechanisms and prevent heat-related illness. That message is the same with outside activities such as construction, yard work, or recreation or inside non-air conditioned buildings."

Heat exhaustion occurs when sweating, the body's cooling system, fails to eliminate heat fast enough.

The first signs are faintness, rapid pulse, flushing or reddening of the skin, and many times stomachache or headache. When those symptoms occur, people should stop their activities.

They should drink liquids such as water or re-hydrating fluids (Gatorade, Powerade, or for children, Pedialyte). They should not drink alcohol, coffee, or caffeinated soft drinks. If possible, they should take a cool shower.

Heat stroke, a more serious and potentially deadly situation, is com-

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# IDPH/IHA collaborate to study trends in hospital work force

By Jeneane Moody, Center for Health Workforce Planning

**T**he Center for Health Workforce Planning and the Iowa Hospital Association (IHA) collaborated to create a new trend analysis of Iowa's hospital-based health work force that shows emerging patterns for 19 health professional categories.

In 2000, the IHA Health Profession Workforce Survey was developed to identify hospital work force shortages in Iowa by geographic area. The survey was designed to quantify work force demand in hospitals. The following data elements were collected for 29 (later 31) categories of health professions in each hospital:

- Current number of vacancies
- Projected need over the next three years
- Time in days required to recruit each category of health professional
- Employer's self-assessment of turnover for each type of professional

- Employer's self-assessment of retention difficulty for each type of professional
- Reasons for leaving employment
- Hospital strategies to fill vacant positions

In 2004, the center partnered with IHA to analyze the survey data collected from 2001 to 2003 and trend data to expand results from a single point in time to changes over time. Sustained trending will provide useful information to predict health professional supply and demand in Iowa's hospitals. The report provides information about each profession and composite information across professions.

Highlights of the report include:

Over the past three years, registered nurses, nurse aides/home health aides and licensed practical nurses have consistently ranked in Iowa's top three hospital-based professions experiencing the greatest number of vacancies.

There were a total of 14 fewer EMT vacancies in 2003 than in 2001.

Both full-time and part-time vacancies have declined steadily since 2001.

The total number of vacant RN positions projected between 2004 and 2006 is 1,876 full-time and 1,417 part-time.

When all health professions are considered as a group:

The percentage of Iowa's hospitals reporting 61-90 days to fill a vacant position tripled between 2001 and 2003.

Turnover in Iowa's hospitals decreased steadily between 2001 and 2003.

Between 2001 and 2003, Iowa hospitals most frequently used on-call staff and overtime to fill vacant positions.

The report is posted on the center and IHA web sites and will be updated annually. To locate the information on the Center for Health Workforce Planning web site, go to [http://www.idph.state.ia.us/hpcdp/health\\_care\\_access\\_content/workforceshortage/reports.htm](http://www.idph.state.ia.us/hpcdp/health_care_access_content/workforceshortage/reports.htm). The IHA Trend Analysis report is posted in the report section.

## Iowans need to stay cool to avoid excessive heat

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monly associated with confusion on the part of the victim, who may also stop sweating. In this situation, medical assistance should be sought immediately.

Dehydration occurs as a contributing factor and comes when fluid and sodium losses caused by sweating are not replaced quickly. In these weather conditions, people should drink two to four glasses of cool water or fluids an hour.

Iowans should limit outdoor activities in the heat of the day. Outside work should be done before noon or in the evening. Parents should also make sure their children are well hydrated.

Children, the elderly, or pets should never be left in a parked car, even for a few moments. Leaving a window partially open may not be enough to protect those inside from rapidly rising temperatures.





# Protect skin against the sun's ultraviolet rays

By Jolene Carver, Bureau of Chronic Disease Prevention and Management

**O**verexposure to the sun's ultraviolet (UV) rays is the most significant preventable factor in the development of skin cancer.

When sun protection measures against UV rays are used constantly, skin cancer is largely avoidable. However, many people do not consistently use sun protection measures and may be unaware of the connection between overexposure and health risks.

On May 26, 2004, the Environmental Protection Agency (EPA) and the National Weather Service adopted new Global Ultraviolet Index Guidelines. The Global Solar UV Index (UVI) is an important means to increase international public awareness about the need to adopt protective measures when exposed to UV radiation.

These consensus guidelines were developed internationally by multiple agencies from Mexico, South Africa, Australia, Greece, Ger-

many, Austria, Sweden, United States, Poland, Canada, Switzerland, Portugal, France, and Finland. The UVI is a starting point for an integrated public health approach to sun protection and skin cancer prevention.

For more information about the Global Solar Ultraviolet Index, visit the EPA's web site at [www.epa.gov/sunwise/uvilaunch.html](http://www.epa.gov/sunwise/uvilaunch.html).

## Global Solar Ultraviolet Index

<u>UVI Range</u>	<u>Exposure Category</u>	<u>Protection Required</u>
< 2	Low	No protection required. If you burn easily, cover up and use sun screen
3 to 5	Moderate	Seek shade midday, cover up, wear a hat and sunglasses, and apply sunscreen
6 to 7	High	Reduce time in the sun between 11 a.m. & 4 p.m., cover up, wear a hat and sunglasses, and apply sunscreen
8 to 10	Very High	Take extra precautions (unprotected skin will be damaged and can burn quickly), avoid sun between 11 a.m. and 4 p.m.; otherwise, cover up, wear a hat and sunglasses, and apply sunscreen
11+	Extreme	Take all precautions (unprotected skin can burn in minutes), avoid sun between 11 a.m. and 4 p.m., cover up, wear a hat and sun glasses, and apply sunscreen

## Encourage public to protect themselves against ticks

By Kevin Teale, Communications Director

**I**owans that enjoy walking through tall prairie grasses or woodlands may bring an unwanted visitor back with them. Paying careful attention to ticks picked up while outdoors can help protect Iowans from illnesses such as Lyme disease.

Ticks can be found all year, but the largest number of Lyme disease cases appear in late spring and early summer. In 2003, 72 people were diagnosed with Lyme disease in Iowa.

Protection from ticks and tick bites is simple. People should:

- Not walk barelegged or bare footed in grassy, woodland areas.
- Wear long shirts and pants, with pants legs tucked into long socks.
- Wear light-colored clothing to easily see ticks.
- Do a "tick check" every few hours while outdoors in tick areas.
- If they find a tick, carefully remove it with tweezers, then wash the area with soap and water.

In humans, Lyme disease is characterized by a fever, chills, aches in muscle joints, and in many but not all cases, a "bull's-eye" rash centered on where the bite occurred. An early medical diagnoses and antibiotic treatment can minimize the harmful effects of a Lyme infection.

The Department of Entomology at Iowa State University tests ticks for the presence of Lyme disease. Over the years, an average of 12 percent of the Iowa ticks tested were positive for Lyme disease.

# Epidemiology Notes



From the Center for Acute Disease Epidemiology, Iowa Department of Public Health, 1 800 362-2736 (24-hour number)

## Childhood Lead Poisoning Traced to Folk Remedy

The following case illustrates that public health officials in Iowa must continue to be aware of the ethnic remedies that are used in Iowa's growing Latino population and work with community leaders to educate Latino populations about the dangers that these remedies may pose.

The Iowa Department of Public Health, Bureau of Lead Poisoning Prevention has identified an ethnic remedy called "Molleja de Pollo Molida" as the primary cause of two cases of childhood lead poisoning in Marshalltown. The children, who ranged in age from one to three years, had venous blood lead levels of 33 and 18. The remedy had been brought to Marshalltown by a family member from Michoacan, Mexico, and was given to the children to improve their appetite. According to analysis by the University Hygienic Laboratory, the "Molleja de Pollo Molida" is 17 percent lead by weight.

The Bureau of Lead Poisoning Prevention has e-mailed a picture of the remedy to lead poisoning prevention programs across the United States asking for additional information about the remedy. Additional information from the family, responses to the e-mail, and research revealed the following:

- "Molleja de Pollo Molida" is the ground, dried, inner lining of chicken gizzard. The American Materia Medica, Therapeutics, and Pharmacognosy Ellingwood: 1919, lists ingluvin as a digestive enzyme that is derived from chicken gizzard. It is recommended as a remedy for stomach pain and indigestion.
- The family said the ground

chicken gizzard had been mixed with greta, which is lead oxide. This has been documented as a cause of lead poisoning in other states, but this is the first time that greta has been found in Iowa.

The childhood lead poisoning prevention program in Austin, Texas contacted the Mexican consulate in their city regarding "Molleja de Pollo Molida." The consulate said each area in Mexico has numerous home remedies, such as this one. The remedies are often mixed with greta or azarcon (lead tetroxide). In fact, azarcon was identified as the cause of several cases of childhood lead poisoning in Marshalltown two years ago.

- While an extensive Internet search did not find any references to "Molleja de Pollo Molida," there were numerous references to the use of ground, dried chicken gizzard lining in Chinese herbal medicine. It is known as "endothelium corneum gigeruae galli," "Ji Nei Jin," or "chicken inner gold" when used in Chinese herbal medicine.

The Bureau of Lead Poisoning Prevention is working with the childhood lead poisoning prevention program in Marshalltown to develop and distribute educational materials for the Latino community. These materials will caution people not to use any orange or yellow powders from Mexico because these are usually azarcon or greta and may contain high levels of lead. For more information on lead poisoning, call 1-800-972-2026.

## Bug Safety for Kids

- Don't use scented soaps, perfumes or hair sprays on children. Avoid areas where insects nest or

congregate, such as stagnant pools of water, uncovered foods, and gardens where flowers are in bloom.

- Avoid dressing children in clothing with bright colors or flowery prints.
- To remove a visible stinger from skin, gently scrape it off horizontally with a credit card or fingernail.
- Insect repellents containing DEET are the most effective.
- The concentration of DEET in products may range from less than 10 percent to over 30 percent. The benefits of DEET reach a peak at a concentration of 30 percent. The maximum recommendation for infants and children is 10 percent concentration. DEET should not be used on children younger than two months old.
- The concentration of DEET varies significantly from product to product, labels should be read.

For more information on DEET, visit [www.aapnews.org/cgi/content/full/e200399v1](http://www.aapnews.org/cgi/content/full/e200399v1). Source: Infectious Diseases in Children, May 2004 and the American Academy of Pediatrics <http://www.aap.org/family/wmv-jun03>.

## Biological Agent Training Modules

CDC has started producing a series of on-line training courses (modules) for various biological agents. The first module, on plague, is currently available at <http://www.bt.cdc.gov/training/agentmodules/biological/>.

# Worth Noting

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## IDPH 2004 Final Bill Summary

The IDPH 2004 Final Bill Summary is now available on the department's web page at:  
[http://www.idph.state.ia.us/do/legislative\\_updates.asp](http://www.idph.state.ia.us/do/legislative_updates.asp)

## Midwest Conference on Problem Gambling and Substance Abuse August 11-13

The Midwest Conference on Problem Gambling and Substance Abuse is scheduled for August 11-13, 2004, in Kansas City, MO. Sponsored in part by Prairielands ATTC, the Iowa Department of Public Health and its Iowa Gambling Treatment Program, the conference is a four-state collaboration (Iowa, Kansas, Missouri, and Nebraska) supported, in part, by a grant from the Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services.

For more information and to register, please view the Midwest Conference web site at:  
[http://www.888betsoff.com/links/midwest\\_conference.shtm](http://www.888betsoff.com/links/midwest_conference.shtm) or call 402-292-0061 or e-mail [Exnccgjb@aol.com](mailto:Exnccgjb@aol.com).

## Governor's Homeland Security Conference

The Governor's Homeland Security Conference will be July 13-15, 2004, at the Polk County Convention Complex (The Plex), Des Moines. The conference will consist of nationally known speakers, breakout sessions, and vendors whose expertise is in homeland security. Anyone with a role in homeland security and disaster preparedness and response is encouraged to attend. Check [www.iowahomelandsecurity.org](http://www.iowahomelandsecurity.org) for more information. If you have questions, e-mail [sjohnson@sppg.com](mailto:sjohnson@sppg.com) or call (515) 243-2000 and ask for Sally Johnson or Deb Kazmerzak.

## Fundamentals of HIV Prevention Counseling

Fundamentals of HIV Prevention Counseling will be held September 21-23 in Des Moines. This three-day workshop will demonstrate effective, client-centered HIV prevention counseling strategies to assist clients in reducing their risk of acquiring or transmitting HIV. For more information, contact Training Resources at 515-309-3315 or go to [www.idph.state.ia.us/conferences.asp](http://www.idph.state.ia.us/conferences.asp).

## Des Moines University College Visit Day

Des Moines University is hosting a College Visit Day for prospective students interested in the Master of Health Care Administration or Master of Public Health degrees on July 20, 1-3p.m. or July 22, 5-7p.m.

The visit day will include an overview of the program and application process, and a meeting with the Director of the Division of Health Management. It will also include a tour of the campus.

To register, visit <http://www.dmu.edu/dhm/contactus.htm> or call (515)271-1364. Once registered, a confirmation will be sent with location, driving directions and a schedule of events. If you are unable to attend the scheduled events, you are welcome to schedule a personal visit held at your convenience.

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**Check out our web site  
at [www.idph.state.ia.us](http://www.idph.state.ia.us)**

### FOCUS Editor: Sarah Taylor

What would you like to see in the Iowa Health FOCUS? Send your suggestions for future articles, letters to the editor, upcoming events, or to add names to the mailing list by e-mailing us at [staylor@idph.state.ia.us](mailto:staylor@idph.state.ia.us).